

IFU

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): **Robert B. Sutter, Jr.**

Docket No.

**136320-0015**

Application No.

**10/797,294**

Filing Date

**March 10, 2004**

Examiner

**Anthony Barfield**

Customer No.

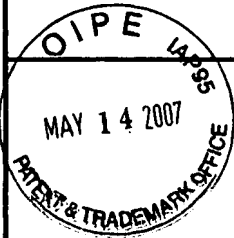
**35684**

Group Art Unit

**3636**

Invention:

**FOLDABLE HEAD RESTRAINT**



**Certificate of Mailing & Revocation of Power of Attorney with  
New Power of Attorney and Change of Correspondence Address**

I hereby certify that this

*(Identify type of correspondence)*

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR

1.8(a)] on **May 10, 2007**

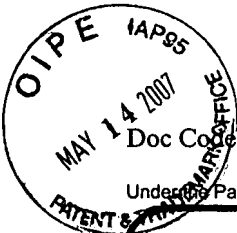
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**Debra L. Burns**

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*(Signature of Person Mailing Correspondence)*

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PTO/SB/82 (01-06)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|  |                        |                       |
|--|------------------------|-----------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10/797,294            |
|  | Filing Date            | 03/10/2004            |
|  | First Named Inventor   | Robert B. SUTTER, Jr. |
|  | Art Unit               | 3636                  |
|  | Examiner Name          | Anthony Barfield      |
|  | Attorney Docket Number | 136320-0015           |

**I hereby revoke all previous powers of attorney given in the above-identified application:**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 35684

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 35684

**OR**

|  |  |       |  |     |  |
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| <input type="checkbox"/> Firm or Individual Name |  |       |  |     |  |
| Address  |  |       |  |     |  |
| City   |  | State |  | ZIP |  |
| Country  |  |       |  |     |  |
| Telephone  |  | Email |  |     |  |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                     |  |           |              |  |
|-----------|---------------------|--|-----------|--------------|--|
| Signature |                     |  |           |              |  |
| Name      | WALTER D. CATTON JR |  |           |              |  |
| Date      | 05/01/07            |  | Telephone | 616.322.5869 |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.